

110 North Jefferson Ave
PO Box 261
Fredericksburg, IA 50630
Phone: 563-237-5324
Phone: 800-562-8389
www.farmerswin.com

Email/Text Documents

Co-op Account Name:

Co-op Account Number:

Email Address:

Cell Phone Number:

Cell Phone Provider:

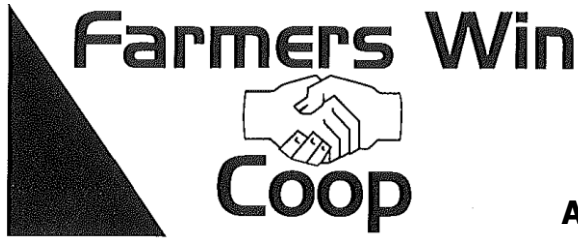
I would like to have the following documents emailed to me:

****In order to receive email documents you must have the ability to view/print/save PDF files.****

1. _____ Account Receivable Invoices.
2. _____ Elevator delivered grain scale ticket information.
Please circle one. Email Text Both
Text only available for grain scale ticket information
3. _____ Grain contracts. Docusign – use the provided email to electronically receive and sign grain contracts
4. _____ Grain settlements.

_____ I would like to have my grain checks to be direct deposit.
Please fill out a direct deposit form. (See page 2)

Return to: Farmers Win Co-op
PO Box 261
Fredericksburg, IA 50630



110 North Jefferson Ave
PO Box 261
Fredericksburg, IA 50630
Phone: 563-237-5324
Phone: 800-562-8389
www.farmerswin.com

**Authorization Agreement for
Automatic Deposits and Withdrawals**

I (we) hereby authorize **Farmers Win Cooperative** to initiate deposits or withdrawals and, if necessary, initiate any deposits or withdrawals for an error that may be made to my (our) account indicated below and the Financial Institution named below, to deposit or withdraw the same to such account. This authority is to remain in full force and effect until **Farmers Win Cooperative** has received a written notice of the termination, and this shall be done in such a manner as time to allow proper action.

I (we) agree to enclose with this agreement a voided check.

CO-OP ACCOUNT NAME:

CO-OP ACCOUNT NUMBER:

E-MAIL ADDRESS:

PHONE:

Check all that apply:

- ☐ **Grain Checks** – Direct Deposit
- ☐ **Accounts Receivable** – to be withdrawn on the 15th of each month/or next business day
- ☐ Full Statement Balance
- ☐ Budget Billing Payments – equal monthly amount \$ _____
- ☐ **Farmerdata** – Web payments

CHECKING ACCOUNT INFORMATION:

Name(s) exactly as it appears on account:

Transit Routing Number:

Checking Account Number:

Financial Institution's Name:

Phone:

Financial Institution's Address:

City:

State:

Zip:

PLEASE ATTACH A VOIDED CHECK

SIGNATURE:

DATE:

SIGNATURE:

DATE:

**RETURN TO: FARMERS WIN COOPERATIVE
PO BOX 261
FREDERICKSBURG, IA 50630**

FWC Employee: _____